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Bib Data Sheet

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| SERIAL NUMBER 09/941,681 | FILING OR 371(c) DATE 08/30/2001 RULE | CLASS 705 | GROUP ART UNIT 2169 | ATTORNEY DOCKET NO. 58511-019 |
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APPLICANTS

Christian Mayaud, Bronxville, NY;

** CONTINUING DATA *****

This application is a CON of 09/121,596 07/24/1998
 which is a CON of 08/942,372 10/02/1997 PAT 5,845,255
 which is a CON of 08/330,745 10/28/1994 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/20/2001

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|---------------------------------|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 16 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

53437

TITLE

COMPUTERIZED PRESCRIPTION SYSTEM FOR GATHERING AND PRESENTING INFORMATION
RELATING TO PHARMACEUTICALS

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| FILING FEE RECEIVED 3746 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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